

Pediatric Healthcare Improvement Initiative for Tennessee Breastfeeding Sustainment Project Description

The pediatrician's role in advocating and supporting proper breastfeeding practices is essential to improve outcomes for both newborn and mother. Currently Tennessee newborns have poor breastfeeding success rates. In Tennessee, only 15.4% of mothers are exclusively breastfeeding at 6 months¹. This project will assist your practice in identifying, implementing and maintaining process changes regarding breastfeeding support. These practices will increase breastfeeding rates at the newborn visit and will assist moms with sustaining the breastfeeding as long as mutually desirable by the mother and child.

PROJECT AIM STATEMENT

Increase the number of children seen within 72 hours of nursery discharge to 90% and increase the sustainment rate of breastfeeding from newborn visit to 2 months by 20% over the 12 months of the project

PROJECT RESOURCES

- Quality Improvement consulting from PHiIT staff and faculty
- Assistance with Practice QI Team Development
- Practice Quality and Design Tools and coaching
- Training and coaching on data collection through online web portal
- Monthly calls with PHiIT team and other practice to share ideas and solutions
- Access to other practices design ideas
- Data reports on practice performance with correlation to state aggregate data for other practices
- Direct feedback with continued development of a culture of continual practice improvement in your office

PROJECT TIMELINE

- **Participate in the Continuing Medical Education (CME) Video Training**
<https://cme.mc.vanderbilt.edu/online-education> Scroll down to Pediatric Health Improvement Initiative for Tennessee QI Videos
 - **Quality Improvement Science (45 minutes)**
Building QI Teams; Data Analysis; Developing an AIM statement; Using the Plan, Do, Study, Act Cycle (If this video has been completed in other projects, does not need to be repeated)
 - **Breastfeeding Support (75 minutes)**
Evaluating Opportunity or Success, Identifying Barriers, Technical Support, Building a Safe Provider-Mom Environment, Developing a Breast Feeding Friendly Ambulatory Clinic, Process Changes for Increasing Breastfeeding Sustainment, Best Practice Resources for Breastfeeding
 - **Billing For Breastfeeding Support (30 minutes) Optional**
- **Baseline Data Set Collection:**
 - **Twenty** 2 month well child visits during the last 12 months
 - Newborn visit within 72 hours of nursery discharge and breastfeeding status at the newborn, 2-4 week visit and 2 month visit
- **Quarterly Follow-up Data Collection:**
 - **Ten** 2 month well child visits during the last three months

- **Implement 2 Process Changes from these options**
 - Develop “Breastfeeding Office Policy”
 - Develop and complete “Office Education Plan”
 - Provide breastfeeding anticipatory guidance at each well visit
 - Adopt “Breastfeeding Friendly Standing Newborn Orders”
 - Facilitate post-nursery discharge visit in less than 72 hours
- **Use Suggested Interventions to improve breastfeeding sustainment**
 - Restate importance of breastfeeding, reassure, follow up
 - Offer and review Breastfeeding Basics Handout
 - Refer to local Breastfeeding lactation consultant
 - Refer to TN breastfeeding hotline
 - Encourage breast emptying to preserve milk supply
- Form and meet regularly with in office QI Team
- Document process changes and PDSA cycles
- Participate in monthly support calls over the course of the project
- Practices present experience at PHiIT Learning Collaborative after data collection complete.

FACULTY

Anna Morad, M.D., Assistant Professor of Pediatrics, Director, Newborn Nursery, School of Medicine Vanderbilt University, TNAAP Co-Chapter Breastfeeding Coordinator

Karen Schetzina, M.D., M.P.H., Assistant Professor of Pediatrics, Quillen College of Medicine

Julie Ware, M.D., M.P.H., IBCLC, FABM, Children’s Hospital Medical Center Cincinnati

Francis Rushton, M.D., Medical Director, South Carolina Medicaid Quality through Technology and Innovation in Pediatrics (QTIP)

Janet Smith, Coding Educator, CPC, RHIT, AHIMA Approved ICD-10-CM Trainer, Coding Educator, TNAAP

This program is **free of charge** and is conducted over a twelve-month period.

Credit Offered: Maximum 2.5 CME hours and PART IV MOC 25 points

¹Source: Centers for Disease Control and Prevention National Immunization Survey (NIS), 2011 births.